

Request for Substitute Teacher Pay* - SAMPLE

School District Letterhead

Date

Sharon Katt, Administrator
Adult Program Services
Nebraska Department of Education
PO Box 94987
Lincoln, NE 68509-4987

Dear Sharon:

This letter is an invoice for reimbursement for substitute teacher pay for the assigned classes of ***NAME***. This faculty member participated in the following Nebraska Department of Education activity during the 2009-10 academic year:

NCTE Meeting – Country Inn and Suites, Lincoln, NE, March 12, 2010

Our fee for substitute teaching is \$ _____ per day. The total cost for the substitute teaching described herein is \$ _____.

Please make warrant payable to:

Sincerely,

Superintendent/Principal

*** Please submit reimbursement request prior to the event.**